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ABSTRACT

Summarized are data gathered during phase 1 of a state survey of administrators, funded under Title III, to determine the number of handicapped children receiving or in need of special education services in Indiana. The following are among survey results highlighted in the first chapter: 19,061 pupils were estimated by public school principals to need placement in appropriate special education programs; approximately 82,815 exceptional students were estimated to be receiving special services during 1973-74; and respondent principals viewed lack of parental cooperation, labeling of students, time lag between formal referral and final placement, and inadequate special education facilities and personnel as major problem areas in providing needed services. Presented in chapters 2 and 3 are a detailed description of survey methods and an analysis and summary of the data gathered. Discussed in an addendum are reasons underlying different estimates of prevalence among children with various exceptionalities. (LH)

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NEEDS & PROGRAMS - PHASE I
REPORT - VOL. I



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**THIS PROGRAM IS FUNDED
UNDER THE
ELEMENTARY & SECONDARY EDUCATION ACT
P. L. 89 - 10 - TITLE III**

A COOPERATIVE PROGRAM

**BETWEEN
THE LA PORTE COMMUNITY SCHOOLS
J. ROBERT MILLER, SUPT.
AND
THE INDIANA DEPARTMENT
OF PUBLIC INSTRUCTION
DR. HAROLD H. NEGLEY, STATE SUPT.**

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FOREWORD.

I welcome the opportunity to write a foreword to this report because it impresses me as an able analysis of the implications of "Rule S-1" from the point of view of two very basic questions:

- (1) How many Indiana children are in need of special education?
and
- (2) How many of these children are being served?

From a more personal point of view, I would hope that the completion of this work may signal an increased demand for a broad-based, multi-faceted approach to educational policy making and program planning. The long-term contribution of this study may be in its demonstration that the analytical tools of the researcher, in combination with present day technology, can serve the policy-makers as well as educators in the solution of gigantic problems which confront them.

I do not think it is necessary for me to discuss the issues of defining exceptionalities within the student population and estimating the numbers who need to be served in a particular geographical area at a given time. When criteria are subject to individual perceptions, then collective judgements predicated upon such criteria are also subject to variation. For a succinct review of divergent estimates that can be considered in regard to the numbers of exceptional students in Indiana, I encourage the reader to scrutinize the Addendum of this report.

The unique quality of the design of this study manifests itself in the lengths to which the researchers went to establish a consistent frame of reference for the respondents to use while reporting data and making judgements, and for the analysis and interpretation of results. The procedures and instruments of the study used only those definitions and classifications which have been prescribed by Rule S-1, the landmark piece of legislation dealing with special education in Indiana. In addition, the categories and sub-categories of the data concerning exceptional students were developed in such detail as to ensure that the data gathered came more from a consistent base of information--existing school records and collective judgements of the school personnel--than solely from personal opinions. Since the

school was selected as the primary unit of data, the request for the information required was submitted to each school principal in Indiana. Pilot testing confirmed that principals had access to the needed information. More significantly, the results of the pilot study suggested that principals, as a group, are acutely aware of students in need of special help on a building-wide basis.

After the data were gathered, the analysis was designed to test the assumption that exceptionality is not normally distributed between different geographic regions and community types of the state. State-wide projections were consequently based on the incidence of exceptionality computed for each region and community type, thus enhancing the persuasiveness of the results. Then, in order to analytically test the reliability of the state-wide projections, two different subsets of returns were statistically analyzed and compared. Since there was little difference between the projections obtained by the two subsets of returns, one can be reasonably assured that the results obtained are general to the state as a whole.

Finally, I would like to further acknowledge the efforts of Dr. Wasi Khan and Cindy Glentzer for the quality of the study design. They have demonstrated their skill and I eagerly await the results of their future studies.

Dr. Patrick Gavigan

Preface

For more than 50 years, the ideal of American education has been to serve all children, but in actual fact the focus has been on the approximately 90 per cent of them who can most effectively benefit from the standardized, conventional methods of education. For a long time there has been much talk about individual differences, but the needs of children who do not quite fit into the stream of normality have remained largely unattended.

Through the interaction of a variety of forces and as a result of critical need, the exceptional child is at long last receiving the recognition and educational attention he has always deserved. The 1970's and 1980's will see an unprecedented development of special education programs, services, facilities, and materials. The initiatives being taken at the federal, state and local levels are bringing into focus significant opportunities and challenges in this area.

The adoption of Rule S-1 in Indiana in September 1973 raised pertinent concerns about estimating the populations of children and youth who need to be served by special education programs and assessing the needs of expansion and development of these programs. This study in its various phases deals with these concerns. What information the study has sought and the methods used in it up to this time have been discussed in this report.

The completion of the first phase of this study would not have been possible without the guidance and support of Mr. Donald A. Treibic, Director, Dr. Patrick J. Gavigan, Needs Assessment Coordinator, Dr. Terry Jackson, Evaluation Consultant, ESEA Title III Division, and Mr. Dan Voght, Assistant Director, Division of Educational Information and Research, Indiana Department of Public Instruction.

Extremely valuable guidance and help was offered for the study by Mr. Gilbert A. Bliton, Director, Division of Special Education, Indiana Department of Public Instruction; Mr. Robert J. Robertson and Mr. William C. Souders, Consultants, Northern Regional Service Center, South Bend; Mr. Jack Collins, Mr. Richard Surber, and Mr. Michael Haley, Directors of Special Education; Dr. Donald Eberly, Director, Pupil Personnel Services; Mr. Merl Musselman, Principal, Kesling Junior High School, Mrs. Virginia Stevens, Principal, Hailmann Elementary School, and Mr. Ralph E. Howes, Principal, Crichfield Elementary School, La Porte;

Miss Montie Wooden, Director of Guidance, Kesling Junior High School, and Miss Azalia Knight, Director of Guidance, La Porte High School, La Porte, Indiana. The report was typed and printed by Denise Griffith and Sue Birkholz. We are grateful to each one of them. There are many other persons who contributed to this study in different ways. We are indebted to them, although it is not possible to name each one of them here.

We are also deeply indebted to Dr. Harold H. Negley, State Superintendent of Public Instruction, and Mr. Ray Slaby, Associate Superintendent of Public Instruction, Indianapolis, and Mr. J. Robert Miller, Superintendent, La Porte Community School Corporation for making available the facilities for MERC to operate.

It is the hope of these researchers that this study will add to the fund of information already available and will be helpful to the decision-makers as they provide for the needs of exceptional children and youth in Indiana.

Dr. M. Wasi Khan
Dr. Charles E. Blair
Lucinda Glentzer

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CHAPTER 1 Introduction and Highlights of Results

This report is intended to summarize the data and findings of Phase 1 of the Study of Special Education Needs and Programs in the State of Indiana. This phase was planned to determine the number of exceptional children and youth in the State of Indiana by their exceptionalities and age-levels. Information was also gathered to determine how far through the process of identification and placement in special education programs they had come by June 1, 1974. These are the children and youth who:

- (i) were either being served by the special education services and programs; or
- (ii) had already been tested and identified formally by case conference as special education candidates, but had not been placed in the appropriate special education programs for some reason; or
- (iii) were referred for testing and identification of their handicaps/disabilities, but were not yet approved by case conference for placement: they may have been tested but no case conference was held for them, or were awaiting testing, or were referred but their parents did not consent to testing; or who
- (iv) needed special help: they were not functioning normally in the regular classroom, but had not been formally referred for the purposes of diagnosis and evaluation to identify their needs for special education programs.

A brief description of this and other objectives of the study and its rationale and procedures is given in the Proposal of the Study, which

was approved by the ESEA Title III Division of the Indiana Department of Public Instruction on August 16, 1974.*

Chapter II of this report describes in detail the methods and procedures employed in Phase I. Data for this phase of the study were collected from 53% of all public school principals and 72% of all directors and administrators of special education in the state of Indiana. Elaborate efforts were made to organize and implement a sophisticated design and appropriate instrumentation for this phase. Analysis and summary of data are presented in Chapter III. Appendices of this report have been compiled separately in Volume II.**

The highlights of results of this first phase of the study are presented below:

1. The total number of exceptional children and youth in the state who needed some kind of special education services but could not receive them in the year 1973-74, projected on the basis of public school principals' estimates, was 13,061. Of these, 9,894 needed special help but were not referred for testing, 4,378 were formally referred for testing but were not yet approved by case conference, and 4,789 were formally identified by case conference to be suffering from specific handicaps or disabilities but were not placed in the appropriate special

* Please see Appendix A in Volume II of this report.

** Available on request.

education programs. Of these 4,789, 99 were multiply handicapped, 128 physically handicapped, 240 visually handicapped, 329 hearing impaired, 759 emotionally disturbed, 979 neurologically impaired/learning disabled, 558 communication handicapped, 1,444 educable mentally retarded, 124 trainable mentally retarded, 30 severely profoundly mentally retarded, and 99 suffering from other handicaps. The breakdown of the total numbers by age-levels shows that the largest number (5,226) of these children and youth was 7-9 years old, followed by 10-12 age group (4,835), 15-21 age group (3,753), 13-14 age group (3,610), and 0-6 age group (1,577).

2. Besides public school principals, the directors and administrators of special education also filled in these data of exceptional children and youth who should have been, but were not, served. Their estimates are, however, consistently lower and less persuasive.

3. Only 65 principals of non-public schools (with about 17% of the total non-public school enrollment in the state) responded and identified 320 students who should have been, but were not, served by special education programs. Although there is little scientific basis for projecting statewide estimates from this number, those estimates would roughly be about six times this number--more or less proportionate to the estimates projected for the public schools.

4. The total number of exceptional children and youth who were being served in 1973-74 was compiled from the data received from 67 of the 93 directors and administrators of special education and for the

remaining areas from data collected by the Division of Special Education, Indiana Department of Public Instruction, through Form 24. This number came out to be 62,504. The breakdown of this figure by exceptionalities and the types of program offered--full-time, part-time, resource center or other--and by the four regions of the state is given in Table 6 in Chapter III. In that table, the total number of exceptional children and youth served by special education programs during 1973-74 compiled from Form 24 data (74,550), and the total of the data supplied by the Division of Special Education, Indiana Department of Public Instruction (82,815) are also juxtaposed with the total of the data of this study. The differences have been explained.

5. A majority of the respondent principals considered problems related to parental cooperation and labeling of students for placement in special education programs as the major reasons why students who needed special education services and programs could not get special help. But a majority of them also thought the time lag between formal referral and final placement and inadequate availability of facilities and personnel for special education services were significant reasons.

6. A large majority of the respondent principals indicated satisfaction with Rule S-1 and the procedure of referral, diagnosis, identification and placement. Not very many of them were dissatisfied with parents' cooperation. But they did indicate dissatisfaction with the availability of facilities and personnel to provide adequate special education services to the needy students.

7. The principals were asked how much time they think is taken from the point a need is felt that a particular student should be referred for evaluation and diagnosis to the point he is finally placed in the appropriate special education program. Of a total of 978 principals who responded to this item, 55.1% checked 1-2 months, 25.5% 3-4 months, 10% 5-6 months, 2% 7-8 months and 7.1% 9 or more months.

8. They were also asked to mention the number of exceptional children they knew in their school building districts who were not receiving any educational services as of October 1, 1974. The total number of such children mentioned in the returns was 570.

9. Three hundred and ten (or 27.6%) of the respondent principals wrote their comments and suggestions about different aspects of special education services and programs. These provide very valuable and insightful qualitative data and have been summarized in Chapter III as well as reproduced in original form in Appendix I of Volume II.

CHAPTER II Methods & Procedures

Construction of the Questionnaire:

In order to collect data presented in this report, the principals or guidance counselors of public and non-public schools, as well as the directors and administrators of special education, had to be contacted. Since no instrument was readily available to collect the data needed, a questionnaire was constructed for this purpose. Pertinent professional literature was intensively studied and extensive in-depth discussions were held with the professional personnel of La Porte Community School Corporation, selected principals and guidance counselors of La Porte schools, consultants of ESEA Title III Division and the Northern Regional Service Center, South Bend, and members of the Department of Public Instruction in Indianapolis to delineate the issues to be investigated through the questionnaire and to decide about its contents and format.

The questionnaire, thus constructed, was comprised of a yellow form and a pink form of opinion items. In the yellow form, the principals or guidance counselors were to fill out the numbers of students, by their exceptionalities and ages, who were not served in special education programs during the 1973-74 school year. The numbers of students, with each particular exceptionality, were to be entered in

three sub-categories:

- N - who needed special help but were not referred for testing;
- R - formally referred but not yet approved by case conference;
- I - formally identified by case conference but not placed in the appropriate special education program.

On the reverse side of the yellow form a matrix was drawn to fill in the number of multiply handicapped students in boxes representing combinations of handicaps.

The pink form of opinion items was designed to elicit the opinions and suggestions of principals and guidance counselors concerning issues and problems relevant to special education services: for instance, (1) the reasons why some exceptional students were not referred, tested, identified or placed; (2) usefulness of Rule S-1 definitions of handicaps and disabilities; (3) the procedures of referral; (4) diagnosis; (5) evaluation and identification of exceptional students; (6) the time usually required to complete these procedures; (7) the facilities and personnel available to serve these students; (8) the level of cooperation from their parents; and (9) what types of special education programs were available in their schools. Considerable space was provided in this section of the questionnaire for the principals and guidance counselors to write down any opinions or suggestions they might have to improve the special education services and programs. This first phase of the study was

planned to find out only the numbers of exceptional students who were being or should have been served in 1973-74. Investigation of the characteristics, issues and problems of special education services and programs is to be done in subsequent phases of the study. It was, however, decided to investigate the principals' opinions and suggestions concerning special education programs at this time so that they might not be approached more than once for the purposes of this study. Therefore, the pink form of opinions and suggestions was included in the questionnaire.

Detailed instructions were drafted for the respondents explaining how the questionnaire should be filled out, which included examples of how to deal with specific cases of individual students. Rule S-1 definitions of students' handicaps and disabilities were also enclosed. A cover letter explained the purpose of the study and why the principals and guidance counselors were being contacted for this information. Some instructions about how to locate and fill in the data forms were also included in the cover letter. The questionnaire was to be completed by the guidance counselors, and in case there were no guidance counselors in the school, by the principal of the school. In the try-out sample of 28 public schools, there were 22 which did not have any guidance counselors.

Try-out of the Questionnaire:

The pilot study for the try-out of the questionnaire was timed as early as possible after the schools opened for the new academic year. On September 6, 1974, the questionnaire was sent to 15 guidance counselors and 22 principals of all 28 public schools and to the principals of all 5 parochial schools in the area of South La Porte Special Education Cooperative which served as the pilot study sample. Before this, on September 3, 1974, the Director of Special Education for this Cooperative sent an introductory letter to all principals of these schools explaining the purpose of the study and enclosing a copy of the MERC brochure. The principals and guidance counselors were strongly encouraged through this letter to cooperate fully in this pilot study, and were assured that all information in this survey would be combined to yield state or regional statistics and no one school would be singled out when the results are finalized.*

In order to let the respondents of the try-out sample express their comments on the adequacy, clarity and difficulty level of the questionnaire, a blue form of comments was added to the questionnaire. In this form, there were items on the appropriateness of different parts

* Please see Appendix B in Volume II for a copy of this letter, the questionnaire sent for try-out with the data tabulated against each item, and the letter of October 17, 1974 sent to the principals of the try-out sample asking them to fill out the final version of the questionnaire.

or the questionnaire to which the respondents could express their reactions and comments, and extra space was also provided for them to write their opinions freehand. They were also asked to mention how much time it took them to complete the yellow form and pink sheets of items.

Results of the Try-out:

The data collected through try-out of the questionnaire was tabulated against each individual item of the questionnaire.*

The results of the try-out were very encouraging in the sense that the form and contents of the questionnaire were by and large cleared by the respondents: they understood the questionnaire well enough, realized the importance of information asked through it, and filled it out apparently as best as they could. Twenty-seven of the 37 (or 73%) respondents of 28 public schools - 13 of the 15 (or 87%) guidance counselors and 14 of the 22 (or 64%) principals - filled out and returned the questionnaire within 10 days. Two of the five principals of the parochial schools also responded, but they enclosed, with the returns, notes that they had no students whose data could be filled

* Appendix B.

out in the questionnaire. No follow-up letters were sent or phone calls made to the non-respondents of the try-out sample. It was decided instead that the data reported by the respondents would be transferred to the final version of the questionnaire and sent back to the principals of these schools so that they may recheck these data (reported by themselves or their guidance counselors) and also respond to the revised version of the pink form of opinion items. The non-respondents of the try-out sample also received the final version of the questionnaire.*

The principals and guidance counselors of the 19 public schools, who returned the questionnaire, reported 370 students of different age levels and with different exceptionalities. They thought 234 of the 370 students needed special help but were not referred for testing, 91 students were formally referred but not yet approved by case conference and 45 students were formally identified by case conference but had not been placed in the appropriate special education program in the school year 1973-74. The largest number of students reported were of the primary age group - 7-9 years old (99), closely followed by the intermediate age group - 10-12 years old (92), pre-primary age group - 0-6 years old (82), senior high age group - 15-21 years old (81), and junior high age group - 13-14 years old (16). The incidence of excep-

*Appendix B.

tionalities was the highest in the case of emotional disturbance (100), followed by educable mental retardation (68), communication handicap (67), neurological impairment (50), hearing impairment (23), visual handicap (14), physical handicap (9), multiple handicap (8), and other unidentified handicaps (28). Numbers of multiply handicapped students were indicated, according to the instructions, in the matrix on the reverse side of the yellow form. Thus, we could ascertain that of the 8 multiply handicapped students, 7 had different combinations of handicaps and disabilities: one was visually and hearing impaired, one physically and neurologically handicapped, one emotionally and neurologically impaired, one visually and communication handicapped, one emotionally and communication handicapped, one neurologically and communication handicapped, and one was physically handicapped and educable mentally retarded. The final one of the eight students had more than two handicaps.

The way these data of exceptional students not being served during 1973-74 was reported by the try-out sample showed internal consistency. Information elicited through some items corroborated the information elicited through others and was consistent with the conditions known to be existing in the sampled schools. So the perceptions of the guidance counselors and principals reported in the questionnaires seemed credible and persuasive.

The pink form of items also elicited informative responses. The respondents generally agreed (but with differing emphasis) with the listed reasons why some students who needed special help were not referred for testing, why some others were formally referred but not yet approved by case conference, and why some students were formally identified by case conference but not placed in the appropriate special education programs. The respondents indicated generally positive opinions about the usefulness of Rule S-1 definitions of exceptionalities, the procedure of referral, diagnosis and evaluation, final identification of exceptionalities and placement in appropriate special education programs as outlined in Rule S-1 and as practiced for their students, and parental acceptance and cooperation. However, they generally indicated mild or strong dissatisfaction with the availability of needed facilities and personnel. Most of the respondents thought that it generally takes 2-6 months from the point where the need is felt that a particular student should be referred for testing to the point he is finally placed in the appropriate special education program. The respondents thought that the other opinion items on the pink form were also clear.

Quite a few respondents used the open space provided in the pink form of the questionnaire for freehand comments and suggestions.

This provided valuable qualitative data relating to the state of things in the field. The respondents made strong pleas for more funds for expanding the existing special education programs available for their students and for starting new programs. A few of them also proposed changes in the definitions of various exceptionalities and in the procedure of identification and evaluation.

The comments of the respondents on the questionnaire itself were very positive. Overwhelming numbers of them agreed that they were the most appropriate source to provide data being collected through the questionnaire; the letter of introduction adequately described the intents and purposes of the study; the instructions were clear, precise and meaningful; the yellow chart and matrix provided an appropriate format for tabulating data of the students needing special education services by exceptionality and age level; and the items on the pink form adequately elicited their considered opinions and suggestions about the special education programs. A large majority of them didn't see any need to change or modify any part or parts of the questionnaire, although a few of them did. Some of them wrote suggestions concerning the intents and purposes of this study and the way it is being carried out. On the average it took them 35 minutes to search and check records, collect needed information from the concerned personnel of the school and fill out the questionnaire.

Modification and Finalization of the Questionnaire for
State-wide Administration to School Principals:

An in-depth analysis of the try-out results, study of pertinent literature and another round of discussions with members of the ESEA Title III Division and Special Education Division of the Indiana Department of Public Instruction, with Special Education Directors and Administrators, and with consultants of Northern Regional Service Center, South Bend, preceded the revision and finalization of the questionnaire for state-wide administration. Its format was modified and made more concise and attractive. So, besides the cover letter, instructions and Rule S-1 definitions, there was only one yellow sheet and one pink sheet in the final version. Every section and each single item of the questionnaire was re-examined and improved. A change was made in the cover letter and instructions to effect a decision that was made after the try-out of the questionnaire that only the building principal should fill out the questionnaire. He was asked to have the new yellow form completed by the person (or persons) who best knows the information needed or can locate it in the relevant records; may he be the principal himself, his guidance counselor, the school nurse or any other staff member of the school. The principal himself was asked to complete the pink form of opinion items. These items were also revised and improved. Their sequence was changed so that every

principal was to respond to the first seven items grouped in Section A and only those principals who had special education programs in their building during the 1973-74 school year were to respond to the remaining items grouped in Section B. The first five items in the final questionnaire were in essence the same as those which appeared in the try-out questionnaire. However, items 9 and 10 in the try-out questionnaire became items 6 and 7 in the final questionnaire. In addition, item 6 of the try-out questionnaire was revised to let the principals indicate the special education programs, if any were present in their schools, by entering the total number of students of their schools that were served by each type of program and by exceptionality. Item 7 of the try-out questionnaire was deleted and item 8 was simplified to become the last item of the final questionnaire. Six clearly defined steps which the principals were to follow in completing and returning the questionnaire were outlined in the cover letter.

On September 23, 1974, the State Superintendent of Public Instruction, sent an introductory letter and MERC brochure to all school principals in the State of Indiana. The letter assured them that all information collected in this study would be combined to yield state or regional statistics, and no one school would be singled out when the results were finalized. They were strongly encouraged to cooperate

fully with the MERC staff in this study.*

The questionnaire was mailed on October 1, 1974, to each of the 2,570 public, private and parochial school principals in the State of Indiana. They were requested to complete and return it by October 11, 1974.

Questionnaire for the Directors and Administrators of Special Education

Data of students being served in special education programs were accessible to the MERC staff in different versions. But for purposes of verification and cross-validation with the data collected from school principals, the directors and administrators of special education were approached to send these data directly to the MERC staff. For this purpose, another instrument - a blue form - was developed along the lines of the yellow form to fill in the numbers of students by exceptionality and age-levels receiving special education services during the 1973-74 school year. The columns were for age-levels and the rows for exceptionalities by the types of program offered (e.g., special class full time, special class part time, resource center, and other including itinerant teachers, special consultation,

* Please see Appendix C in Volume II for a copy of this letter and of the final questionnaire sent to all school principals in Indiana.

etc.). The visual and hearing handicaps were further divided into blind, partially seeing, deaf, and hard-of-hearing categories.

Three directors of special education were personally interviewed by the MERC staff. They went over the blue and yellow forms, made a few suggestions and generally approved of their format and content. About the same time that the proposal of this study was approved, the Director, Division of Special Education, Indiana Department of Public Instruction, had sent an introductory letter dated August 19, 1974*, and a copy of the MERC brochure to all Directors of Special Education and Superintendents of School Districts in the State of Indiana. They were assured that all information collected in this study would be combined to yield state or regional statistics, and no one school system would be singled out when the results were finalized. They were encouraged to cooperate fully with the MERC staff in this study. The Division of Special Education was also very helpful in allowing the MERC staff to present briefly the objectives, procedures and instruments of this study to the participants of the Indiana Council of Administrators of Special Education (ICASE) meeting in Muncie, Indiana, on September 26, 1974. *

An appropriate cover letter and detailed instructions were

* Appendix D.

drafted for the directors and administrators of special education on the procedure for completing the yellow and blue forms.*

The problem of determining who should receive these questionnaires was a difficult one. In most areas of the state, special education cooperatives comprising one or more school districts have been formed which are headed by the directors or administrators of special education. But still there are some areas which are not covered by any administrator of special education. Furthermore, it was not easy to clearly identify the areas of jurisdiction of each individual administrator of special education, or where there was no particular person responsible for the special education programs in a particular area, which superintendent of schools or other official should receive the questionnaire. After a time-consuming effort of probing and consulting the concerned personnel, a map of the state was demarcated to identify areas of jurisdiction of the directors and administrators of special education and a list of these areas by school corporation was prepared.** Thus, on October 7, 1974, the questionnaire developed for the directors and administrators of special education (comprising a yellow form for students not served and a blue form for those served in 1973-74) was mailed to all 93 of these administrators.

* Please see Appendix D in Volume II for a copy of the questionnaire sent to all directors and administrators of special education in Indiana.

** Appendix E in Volume II.

The task of finding or developing a list of public and non-public schools for special students was much more difficult than anticipated. It was found that many administrative arrangements were in operation. There are some special schools which are directly under special education directors and administrators. Since these administrators will naturally include the data of these schools in their returns, it was not worthwhile to send them another blue form just to fill out the data of these schools, especially when they are very busy administrators and can hardly afford additional demands on their time. Then, there are special schools with separate principals and a few others which are administered by principals of other regular schools. Again, there are special schools being operated as on-going research projects by some university personnel and the students who come to these schools also attend regular schools. There are other varieties of such schools also, for instance, adult learning centers, homebound juvenile centers, rehabilitation centers and temporary classes in hospitals. This problem is not quite resolved as yet, and may be investigated further in the later phases of this study.

Strategy of Follow-up:

For obvious reasons, the returns were never expected to be 100% from the principals of the entire state. But after the questionnaire was mailed to the principals, it was found that the mailed

questionnaires took two or three weeks to reach some schools. Thus, quite a few principals assumed that since the deadline of October 11, 1974, was already past, they did not need to send in the data from their schools. It was, therefore, decided that the follow-up strategy which was developed in the initial stages of planning of the study be implemented forthwith. A follow-up card* was mailed on October 25, 1974, to 1,680 public school principals stating that we needed the data from their schools very urgently and it should be sent to us just as soon as possible. It was also stated on the card that if we did not receive their returns within ten days, a second copy of the questionnaire would be mailed to them promptly. After waiting for a little more than ten days, during which time quite a few responses were received, a second copy of the questionnaire with another cover letter* was mailed on November 11, 1974, to 1,415 public school principals from whom no response had yet been received. The "extreme importance" and "urgency of our getting" the data from the principals was underscored in the cover letter.

Two follow-up letters with copies of the questionnaire* were sent to the directors and administrators of special education: one on November 22, 1974, to 59 of them from whom no response had yet

* Appendix F in Volume II.

been received and another hand written one on December 17, 1974 to 32 of them who had still not responded. The "importance and value" and the "urgency of our getting" the response of special education directors and administrators was underscored in both these letters.

Returns:

The statistics of response from the public school principals is given below:

Number of questionnaires received from the public school principals before the follow-up:	456
Number of questionnaires received after the follow-up:	732
Total:	1,188
Number of returned questionnaires considered appropriate for inclusion in data analysis:	1,125
Total number of public schools (of general education) in Indiana in 1973-74:	2,132
Percent of response	52.8%

Table 1 on the following page shows, by region and community type, the percent of students enrolled in the public schools of Indiana from which data were collected for this study. These data cover 48.02% of the entire public school enrollment in the state in 1973-74. As evident from the table, returns were the highest (73.07%) from the large town communities of the northern region and the lowest (33.36%) from the small city communities of the southern region. The returns

were better than 50% from nine of the 17 community types.

Table 1

Percent of Returns by Region and Community Type

	Northern Region	North-Central Region	Central Region	Southern Region
Rural	51.64	56.68	57.75	54.45
Large Town	73.07	47.63	49.72	45.89
Small City	56.51	51.29	50.45	33.36
Sub-Urban	52.67	*NE	41.98	*NE
Urban	37.58	*NE	34.27	44.26

* Non-existing

The response from non-public school principals was not encouraging. Some of them wrote frankly that we should not waste our money to send them questionnaires. Of a total of 479 non-public school principals to whom questionnaires were sent, 92 responded but only 65 of them filled out any data in the returns. No follow-up letters were sent to them to avoid any adverse feeling on their part. Since a private or parochial school is under no legal obligation to keep an exceptional student on roll, there seems to be little scientific basis for making any meaningful state-wide or region-wide projections on the basis of the data reported by the few non-public school principals.

The statistics of response from the directors and administrators of special education are given below:

Number of questionnaires received from the special education administrators before the follow-up:	35
Number of questionnaires received after the follow-up	32
Total:	67
Total number of special education directors, administrators or superintendents:	93
Percent of response:	72%
Special education cooperatives covered by the response:	39 out of 57
Other administrative areas for special education covered by the response:	10 out of 14
Percent of students in public schools covered by the response from special education directors and administrators	61.9%

Method and Rationale of Data Analysis:

Each return that we received was carefully checked for its accuracy, marked in the state-wide list of schools, and coded on a continuous basis for the purposes of transfer of the data to the computer.

We analyzed public school data that we collected for this study, and on the basis of these data we projected the approximate number of exceptional children and youth that need to be served in the entire

state. The method used to project this number was to take the number of students reported by the public schools in each sub-category of exceptionality (by age level and by the stage of testing and identification), divide it by the enrollment of that age level in the reporting schools to determine percentage of incidence of that exceptionality, and multiply that percentage of incidence by the total enrollment of that age level in all public schools of the state. In order to determine the enrollment in each school by the age levels prescribed on the yellow form, the Indiana Department of Public Instruction data of school enrollment were used. These data included the enrollment by grade levels (N through 12), the 1-6 ungraded enrollment, the 7-12 ungraded enrollment, and the post graduate enrollment for each school, but did not include the full-time enrollment in special education classes. These enrollments were then combined in the following manner to yield the five categories prescribed by the yellow form used in this study:

<u>Grade</u>	<u>Category</u>
Enrollment of grades N + K + 1 + (16.2% of ungraded enrollment 1-6)	PRE-PRIMARY
Enrollment of grades 2 + 3 + 4 + (49.2% of ungraded enrollment 1-6)	PRIMARY

<u>Grade</u>	<u>Category</u>
Enrollment of grades 5 + 6 + 7 + (34.7% of ungraded enrollment 1-6 + 17.7% of ungraded enrollment 7-12)	INTERMEDIATE
Enrollment of grades 8 + 9 + (35.3% of ungraded enrollment 7-12)	JUNIOR HIGH
Enrollment of grades 10 + 11 + 12 + (47% of ungraded enrollment 7-12) + post-graduate level enrollment	SENIOR HIGH

The percentages used to combine the ungraded enrollments were determined from the state enrollment totals, e.g. the state total enrollment for grade 1 was divided by the state total ungraded enrollment in grades 1 through 6 to yield the figure of 16.2%, for the pre-primary category.

The approximate number of exceptional children and youth that need to be served was projected directly for the entire state and also for each of its regions and community types to give another projected total for the entire state. This was intended to facilitate cross-checking and comparison of inter-regional and urban-rural data for any possible differences in the incidence of exceptionality and thus add to the persuasiveness of the state-wide projections. The Indiana Department of Public Instruction, Division of Special Education, already recognizes four administrative regions: northern (code 1), north-central (code 2), central (code 3), and southern (code 4).

Within each region, we stratified school districts by community

type: (1) urban - school districts in a population center exceeding 60,000 total population (code 5)

(2) suburban - contiguous to urban centers (code 4)

(3) small city - with a population of more than 20,000 but less than 50,000 (code 3)

(4) large town - more than 10,000 but less than 20,000 population (code 2)

(5) rural - less than 10,000 population in municipality (code 1)

Every school district in the state was identified as belonging to one particular region and particular community.*

Computer programs were then written to merge the file of data transferred from the returns with the file of public school enrollments by age levels and the file of each school's number, region code and community type code; to tabulate the data for each region and community type; and to give us the summation of totals projected by region and community type as well as the directly projected state totals.**

*Please see Appendix G in Volume II for a list of Indiana School Districts by Regions and Community Types.

** The 17 tables of projected totals by region and community type and the table of the directly projected state totals are placed as Appendix H in Volume II. Since there are no urban and sub-urban communities in the north-central region and no sub-urban communities in the southern region, there are 17 instead of 20 tables.

In order to make state-wide projections on the basis of returns received, we had two computer runs of the data instead of one: the first computer run was limited to the data collected from 431 schools up to October 25, 1974, before the follow-up strategy was implemented, while the second computer run covered the data collected from another 694 schools as a result of the follow-up. State-wide projections were made on the basis of each of these two sets of data. The directly projected state total given by the first computer run was 17,599 and the one given by the second run was 19,575. The summation of totals projected by region and community type given by the first computer run was 21,189 and the one given by the second run was 19,477. The directly projected state total (of 17,599) was slightly lower in the case of the first computer run, because the returns in that set of data were higher from rural areas where the incidence of exceptionality is presumably lower, which deflated the projections for the areas of higher incidence from where the returns had been lower. This phenomenon, however, did not exist to the same degree in the set of data analyzed by the second computer run, so it gave a slightly higher figure (of 19,575) for the directly projected state total and a slightly lower figure (of 19,477 as against 21,189 of the first run) for the summation of totals projected by region and community type, and the difference between the two projected figures narrowed.

When the entire data collected from 1,125 schools were analyzed, the directly projected state total came out to be 18,932 and the summation of totals projected by region and community type to be 19,061-- the difference getting still smaller to a level of insignificance. The comparison of these figures shows that both the pre-followup and post-followup samples of schools, statistically speaking, represented the same population, and had there been responses received from any more schools, the state-wide projections of the number of exceptional children and youth who needed to be served would not have been significantly different from the ones made on the basis of returns. The data of this study therefore is reliable from the viewpoint of research methodology.

The analysis of the data by region and community type also indicated the strong possibility of significant differences in the incidence of exceptionality that might be existing between different regions and communities. This possibility needs to be investigated further.

As a further check of computer tabulation, all the data collected through the yellow form of the questionnaire were also tabulated by hand and compared with the computer totals. The data collected through the pink form of the questionnaire were tabulated by the computer, and the data received from private and parochial schools and from the directors and administrators of special education were tabulated by hand.

CHAPTER III Presentation of Data

Public School Principal's Estimates of the Numbers of Students Not Served in Special Education Programs During 1973-74

Among the most important data generated by this study are the public school principals' estimates of the numbers of students who should have been, but were not, served in special education programs. The fact that each principal determined and recorded these numbers of his own students by their exceptionalities and ages and determined how far through the process of identification and placement in special education programs they had come by June 1, 1974 indicates the extent of detail involved in these estimates and augments their accuracy. As mentioned in Chapter II, each principal was sent, along with the questionnaire, a complete statement of Rule S-1 definitions of exceptionalities as well as a clear and complete explanation of the meaning of "N", "R" and "I" categories. The principal of each school was also asked in the instructions attached with the questionnaire to have the most qualified person or persons in the school, be he the principal himself, guidance counselor, nurse or other staff member, complete the yellow form for the entire school, and to consult any records or other personnel that might be able to help him obtain accurate information. Supported by their staff and

all pertinent records, the principals are supposed to be the best informed professional personnel in the field who should have first-hand information about their students. In the opinion of these researchers, the chances of any principal omitting from these data any students who should have been counted and including in these data any students who should not have been counted are about even; so the state-wide projections based on these data seem persuasive.

Table 2, on page 32, summarizes the state totals projected, by region and community type and summed, on the basis of public school principals' estimates of the numbers of students who should have been, but were not, served in special education programs in 1973-74. These projected state totals are given in the table by exceptionality, by age levels, and by the stage of testing and identification--that is to say, whether those students needed special help but were not referred for testing (N category), or were formally referred but not yet approved by case conference (R category), or else, were formally identified by case conference but not placed in the appropriate special education programs (I category).

As shown in Table 2, there were approximately 4,789 students of various age levels in the state who, as reported by their principals, were formally identified by case conference to be suffering from specific handicaps or disabilities but were not placed in the appropriate

TABLE 2

**NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES,
NOT SERVED IN SPECIAL EDUCATION PROGRAMS
DURING THE 1973-1974 SCHOOL YEAR**

Projected State Totals

Based on Returns From Public Schools

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-pri- mary, 0-6 years old	Primary 7-9 years old	Intermed- iate, 10-12 years old	Junior High 13-14 years old	Senior High 15-21 Years old	Other	Total
Multiply Handicapped (see other side)	N 1	43	12	56	38	36			185
	R 2	19	38	19	4	9			89
	I 3	8	22	18	23	28			99
Physically Handicapped	N 4	30	59	47	41	133			310
	R 5	9	13	25	8	16	1		72
	I 6	7	17	23	24	57			128
Visually Handicapped	N 7	48	83	54	23	96			304
	R 8	9	36	13	27	4			89
	I 9	17	51	58	57	57			240
Hearing Impaired	N 10	26	73	54	23	159			335
	R 11	6	36	30	49	17	1		139
	I 12	9	102	86	92	40			329
Emotionally Disturbed	N 13	152	537	612	682	580			2563
	R 14	47	252	223	100	97			719
	I 15	31	203	214	205	106			759
Neurologically Impaired/Learn- ing Disabled	N 16	162	490	429	510	378			1969
	R 17	82	396	414	120	56			1068
	I 18	60	375	402	83	59			979
Communication Handicapped	N 19	125	167	72	79	61	54		558
	R 20	75	116	48	107	30			376
	I 21	76	214	150	98	20			558
Educable Mentally Retarded	N 22	135	619	628	496	730	4		2612
	R 23	116	423	393	231	185			1348
	I 24	117	463	405	251	208			1444
Trainable Mentally Retarded	N 25	18	6	10		44			78
	R 26	6	49	31		4			90
	I 27	7	42	37	20	18			124
Severely-pro- foundly Men- tally Retarded	N 28		5	2		45			52
	R 29					36			36
	I 30	2	7	15	6				30
Other (Handicap Unknown)	N 31	89	153	117	164	405			928
	R 32	44	125	125	25	33			352
	I 33	2	42	25	24	6			99
TOTAL			1577	5226	4835	3610	3753	60	

N - 9,894

R - 4,378

I - 4,789

Total

19,061

special education programs. Of these, 99 were multiply handicapped, 128 physically handicapped, 240 visually handicapped, 329 hearing impaired, 759 emotionally disturbed, 979 neurologically impaired/learning disabled, 558 communication handicapped, 1,444 educable mentally retarded, 124 trainable mentally retarded, 30 severely-profoundly mentally retarded, and 99 with other handicaps. We also find in this table the principals' estimates of the number of students, by their exceptionalities and age levels, who were formally referred for testing but were not yet approved by case conference, and the number of students who needed special help but were not referred for testing. These numbers were 4,378 and 9,894 respectively in the entire state. Thus, we find a total of approximately 19,061 children and youth in the state of Indiana who needed some kind of special education services--testing and diagnosis, identification of exceptionalities, or placement in special education programs--but could not receive them in 1973-74. This table also gives the breakdown of this figure by age levels. So we see that the largest number (5,226) of these children and youth were 7-9 years old, followed by 10-12 age group (4,835), 15-21 age group (3,753), 13-14 age group (3,610), and 0-6 age group (1,577).

Non-Public Schools' Estimates of the Numbers of Students Not Served in Special Education Programs During 1973-74

The data received from 65 non-public schools (with about 17% of the total non-public school enrollment in the state) are summarized in Table 3 in the same manner as the data of Table 2. The principals of these schools could identify a total number of 320 students who should have been, but were not, helped through special education services and programs: 188 of them needed special help but were not referred for testing, 57 were formally referred but not yet approved by case conference, and 75 were formally identified by case conference but not placed in the appropriate special education program. Emotional disturbance showed the highest incidence among different exceptionalities: 127 of the 320 students who needed some kind of special help were emotionally disturbed. The age level showing highest incidence of exceptionality was intermediate (10-12 years).

Although there is little scientific basis for projecting statewide estimates from these figures reported by 65 schools, these estimates would roughly be about six times these figures, more or less proportionate to the estimates projected for the public schools.

Special Education Administrators' Estimates of the Numbers of Students Served, and Eligible but not Served, in Special Education Programs During 1973-74

The directors and administrators of special education were considered, for the purposes of this study, to be another independent

TABLE 3

**NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES,
NOT SERVED IN SPECIAL EDUCATION PROGRAMS
DURING THE 1973-1974 SCHOOL YEAR**

Data of 65 Returns From Non-Public Schools

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-pri- mary, 0-6 years old	Primary 7-9 years old	Intermed- iate, 10-12 years old	Junior High 13-14 years old	Senior High 15-21 Years old	Other	Total
Multiply Handicapped (see other side)	N	1							
	R	2							
	I	3		1					1
Physically Handicapped	N	4	1	1					2
	R	5							
	I	6		1	4				5
Visually Handicapped	N	7	1	6	3	4	3		17
	R	8		3	2		2		7
	I	9			4	1			5
Hearing Impaired	N	10	1	5	2	2	3		13
	R	11		7	1	1			9
	I	12			1	2			3
Emotionally Disturbed	N	13	10	15	25	17	5		72
	R	14	4	7	7	6			24
	I	15	2	12	13	4			31
Neurologically Impaired/Learn- ing Disabled	N	16	2	12	15	6	1		36
	R	17	1	3	2	6			12
	I	18		4	3				7
Communication Handicapped	N	19		7	9	5			21
	R	20		1					1
	I	21	1	1	6				8
Educable Mentally Retarded	N	22		2	4	5	6		17
	R	23		3	1				4
	I	24		1	2	2			5
Trainable Mentally Retarded	N	25							
	R	26							
	I	27							
Severely-pro- foundly Men- tally Retarded	N	28							
	R	29							
	I	30							
Other (Handicap Unknown)	N	31	1	2	6	1			10
	R	32							
	I	33		2	3	5			10

TOTAL

24

96

113

67

20

N - 188

R - 57

I - 75

- 35 -

46

Total

320

source of data, besides the school principals, of the number of exceptional children and youth who should have been, but were not, served in 1973-74. All 93 of them were sent the same yellow forms to fill in these data and 67 returned the forms. The state and regional totals projected from the data received from the directors and administrators of special education have been compared in Table 4 with the totals projected from the data returned by the public school principals. The percent of enrollment covered by the special education administrators' response and by the principals' response for each region and the state is also indicated in the table. As evident from the table, the estimates of special education directors and administrators are consistently lower than the estimates made by the public school principals. These researchers consider the data collected from the principals more credible for reasons stated elsewhere in this chapter.

The 67 directors and administrators of special education who responded to our questionnaire also entered, on the blue forms, the data of exceptional children and youth who were served in 1973-74 by their exceptionalities, age-levels and the types of programs they attended. These data pertained to 49 of the 71 administrative divisions of special education. For the remaining 22 divisions, data collected by the Division of Special Education, Indiana Department of Public

TABLE 4

Comparison of State and Regional Totals of the Number
of Exceptional Students Eligible but not Served During
1973-74 Projected on the Basis of Principals' Estimates
with those Projected on the Basis of Special Education
Administrators' Estimates.

	Projected Totals Based on Principals' Estimates		Projected Totals Based on Special Education Administrators' Estimates	
	Totals	Percent of Enrollment Covered by the Principals' Response	Totals	Percent of Enrollment Covered by the Special Education Administrators' Response
Northern Region	5,542	47.2	4,457	60.3
North-Central Region	1,976	54.1	1,372	56.3
Central Region	7,023	45.9	2,960	68.8
Southern Region	4,520	48.6	2,570	56.0
State of Indiana	19,061	48.02	11,359	61.9

Instruction, through Form 24* were substituted. The totals by region and for the entire state and also by exceptionalities and types of programs offered are summarized in Table 5 on the next page. These data are compared in the table with the totals of Form 24 data and of the data supplied by the Division of Special Education, Indiana Department of Public Instruction.**

As evident from this table, the total number of students receiving special education services during 1973-74 computed from the data of this study is 62,504 while the total of Form 24 data is 74,550 and of the data supplied by the Division of Special Education is 82,815. When we compare the totals of each exceptionality, they are about the same---slightly higher for the data of this study, except for the communication handicapped youth. The totals of this category are the lowest for the data of this study and the highest for the data supplied by the Division of Special Education. These researchers discussed the data with the Director of that Division who explained the reason for this difference and suggested that the total figure of 82,815 students receiving special education services was more accurate since the

* Form 24 is the Special Education Approval Form prescribed by the Division of Special Education, Indiana Department of Public Instruction, for each school corporation in the state to report and verify the data of students receiving special education services for purposes of reimbursement of expenditure by the state.

**Indiana Department of Public Instruction, Special Education Newsletter, Vol. 2, No. 2, p. 6.

TABLE 5
NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES,
RECEIVING SPECIAL EDUCATION SERVICES DURING 1973-74 SCHOOL YEAR

*F = Special Class Full Time; P = Part-time; R = Resource Cen.; O = Other (itinerant teachers, etc)

	*	Data Collected From Directors & Administrators of Special Ed.						Form 24 Data	Div. of Sp. Ed. Data
		Region 1	Region 2	Region 3	Region 4	Areas not covered	Totals		
Multiply Handicapped (See other side)	F	158	1	148	50	10	367	387	310
	P		7		3	1	11		
	R			4	5		9		
	O								
Physically Handicapped	F	132	39	227	9		407	572	425
	P		8	15	2	2	27		
	R	12	1		31		44		
	O	57	15	1	18	3	94		
Blind	F	30		1	2		33	379	212
	P	4					4		
	R	22					22		
	O	5	1		17		23		
Partially Seeing	F	12		37			49	379	212
	P		3	28			31		
	R	69	7		3		79		
	O	82	23	17	16		138		
Deaf	F	170	35	15	18		238	613	386
	P	9	1		23		33		
	R	4					4		
	O	19	8			3	30		
Hard of Hearing	F	33	1	65			99	613	386
	P	12		1			13		
	R	25	9		18		52		
	O	33	85	14	12		144		
Emotionally Disturbed	F	151	90	182	17		440	1,113	1,033
	P	8	16	74	35	1	134		
	R	162		45	10		217		
	O	55		14	244	9	322		
Neurologically Impaired/ Learning Disabled	F	157	6	112		2	277	1,905	1,508
	P	29	61	26	72		188		
	R	84	56	760	90		990		
	O	64	125	120	139	2	450		
Communication Handicapped	F		100		615		715	35,926	48,530
	P	884			916	89	1,889		
	R	230		3,940		264	4,434		
	O	10,133	6,303	7,259	4,759	434	28,888		
Educable Mentally Retarded	F	3,962	1,766	5,003	1,518	212	12,461	17,147	17,013
	P	863	225	996	684	11	2,779		
	R	952	118	250	404	20	1,744		
	O	53	71	24	15		163		
Trainable Mentally Retarded	F	1,079	381	903	450	64	2,877	2,913	3,102
	P		2	15		3	20		
	R	10					10		
	O				5	1	6		
Severely- Profoundly Mentally Retarded	F	236	31	201	52		520	532	326
	P								
	R	5					5		
	O	2	3	2			7		
Other (Please specify)	F	4		185	18		207	1,017	1,705
	P			103			103		
	R	1					1		
	O	429	50	177	40	10	706		
TOTAL		20,441	3,046	20,964	10,310	1,141	62,504	62,504	82,815

communication handicapped figures for this total were obtained from the speech and hearing therapists across the state. The speech and hearing therapists' reports were held to be more accurate than the reports of Special Education Directors or Superintendents since the therapists worked directly with the communication handicapped children.

The issue of divergent estimates of the population of exceptional children and youth has been discussed in some detail in a note appended to this volume of the report as the Addendum.

School Principals' Perceptions and Judgements
Concerning Special Education

The data generated by the pink form of the questionnaire give us insights into the reasons why some students who needed special education services could not receive them during 1973-74. The reasons why some students who needed special help were not referred for testing, as checked by the respondents, are shown in the following Table 6 in order of their frequency of occurrence.

The reasons why some students who were formally referred for testing were not identified for placement, as checked by the respondents, are shown in the following Table 7 in order of their frequency of occurrence.

The reasons why some students who were formally identified as special education candidates were not placed in appropriate special education programs, as checked by the respondents, are shown in the

TABLE 6: PRINCIPALS' JUDGEMENTS CONCERNING THE REASONS WHY SOME STUDENTS WHO NEEDED SPECIAL HELP WERE NOT REFERRED FOR TESTING

Description of the Reason	Percent of Respondents Considering It			Percent of Respondents Undecided	Number of Respondents
	Always a Reason	Usually a Reason	Sometimes a Reason		
a) Lack of parental acceptance, cooperation, and consent	9.7	23.5	54.6	9.3	601
b) Social stigma of attaching a label to a student for a particular special education program	5.0	19.6	54.8	16.8	560
c) The time lag between formal referral and final placement in a special education program	4.8	16.8	47.1	26.3	558
d) Proper physical facilities and teachers for the appropriate special education programs were lacking in the community or were out of reach	13.8	20.6	32.4	27.8	586
e) Psychometrists and other clinicians were overworked	6.4	16.7	37.4	33.8	551
f) Guidance counselors were overworked	3.2	7.7	21.7	56.8	493
g) Ancillary personnel, like aides, were overworked	1.6	2.9	22.0	59.7	509

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TABLE 7: PRINCIPALS' JUDGEMENTS CONCERNING THE REASONS WHY SOME STUDENTS WHO WERE REFERRED FOR TESTING WERE NOT IDENTIFIED FOR PLACEMENT

Description of the Reason	Percent of Respondents Considering It			Percent of Respondents Undecided	Number of Respondents
	Always a Reason	Usually a Reason	Sometimes a Reason		
a) Lack of parental acceptance, cooperation, and consent	11.7	22.5	48.2	14.6	471
b) Social stigma of attaching a label to a student for a particular special education program	5.7	16.4	52.8	19.6	439
c) Time lag between formal referral and final placement in a special education program	5.6	20.5	42.9	27.1	443
d) Proper physical facilities and teachers for the appropriate special education programs were lacking in the community or were out of reach	11.2	19.8	31.5	33.0	445
e) Psychometrists were overworked	8.8	14.3	36.9	34.6	434
f) Other clinicians were overworked	2.9	9.0	31.1	42.3	411

following Table 8 in order of their frequency of occurrence.

Tables 6, 7 and 8 show that a majority of the respondent principals considered problems related to parental consent and labeling of students for placement in special education programs as the major reasons why students who needed special education services and programs could not get special help. But a majority of them also thought the time lag between formal referral and final placement and inadequate availability of facilities and personnel for special education services were significant reasons. These judgements of the principals have been corroborated by other items included in the pink form of the questionnaire and by their freehand comments which are summarized later in this chapter.

The principals were asked to express their satisfaction, or otherwise, with different aspects of special education services and programs. Their reactions are shown in the following Table 9 in order of the respondents' indication of satisfaction.

This table shows that a large majority of the respondent principals indicated satisfaction with Rule S-1 and the procedure of referral, diagnosis, identification and placement. Not very many of them were dissatisfied with parents' cooperation. But they did indicate dissatisfaction with the availability of facilities and personnel to provide adequate special education services to the needy students.

TABLE 8: PRINCIPALS' JUDGEMENTS CONCERNING THE REASONS WHY SOME STUDENTS WHO WERE FORMALLY IDENTIFIED AS SPECIAL EDUCATION CANDIDATES WERE NOT PLACED IN APPROPRIATE SPECIAL EDUCATION PROGRAMS

Description of the Reason	Percent of Respondents Considering It			Percent of Respondents Undecided	Number of Respondents
	Always a Reason	Usually a Reason	Sometimes a Reason		
a) Lack of parental acceptance, cooperation and consent	19.7	20.2	41.4	17.1	539
b) Social stigma of attaching a label to a student for a particular special education program	8.6	16.5	47.1	23.2	478
c) Proper physical facilities for the appropriate special education programs were lacking in the community or were out of reach	14.1	19.6	32.3	31.3	504
d) Teachers for the appropriate special education programs were not available or were overworked	12.4	17.1	33.9	32.7	492
e) The handicapped/disabled students were doing as well in the regular class as they would in a special education class	3.7	12.6	42.2	32.2	491

TABLE 9: PRINCIPALS' INDICATION OF SATISFACTION WITH DIFFERENT ASPECTS
OF SPECIAL EDUCATION SERVICES AND PROGRAMS

Description of Different Aspects of Special Education Services & Programs	Percent of Respondents Indicating		Number of Respondents
	Satisfaction	Dissatisfaction	
a) The usefulness of definitions of handicaps & disabilities given in Rule S-1	74.3	9.9	1004
b) The procedure of referral, diagnosis & evaluation, final identification of disabilities/handicaps and placement in the appropriate special education program, as practiced for the students of their schools	69.5	21.9	996
c) The procedure of referral, diagnosis & evaluation, final identification of disabilities/handicaps and placement in the special education program, as outlined in Rule S-1	65.0	22.1	1005
d) Parental acceptance, cooperation and consent to their needy children's testing and diagnosis and final placement in the appropriate special education program	55.5	32.9	1001
e) The physical facilities for different special education programs available for the needy students of their schools	42.2	48.0	995
f) The number of Special Education teachers for different handicaps and disabilities available for the needy students of their schools	42.0	49.4	1001
g) The number of psychometrists & other clinicians available for the students of their schools	43.4	50.5	1005
h) The number of guidance counselors available for the students of their schools	32.7	60.3	988

59/60

The principals were asked how much time they think is taken from the point a need is felt that a particular student should be referred for evaluation and diagnosis to the point he is finally placed in the appropriate special education program. Of a total of 978 principals who responded to this item, 55.4% checked 1-2 months, 25.5% 3-4 months, 10% 5-6 months, 2% 7-8 months and 7.1% 9 or more months.

They were also asked to mention the number of exceptional children they knew in their school building districts who were not receiving any education services as of October 1, 1974. The total number of such children mentioned in the returns was 570.

Finally the principals were asked to indicate which types of special education programs were offered in their schools during 1973-74. Of a total of 994 principals who responded to this item, 525 said they had special education programs in their schools. Of these, the numbers of schools which offered different types of special education programs by exceptionalities are shown in the following Table 10.

School Principals' Open-ended Comments and Suggestions

Valuable qualitative data was generated by item #7 of the pink form of the questionnaire. In that item, the principals were asked to write, if they wished, their comments and suggestions in order to improve the special education services and programs. Three

TABLE 10.

Numbers of Schools (out of a total of 994)
Having Different Types of Special Education
Programs, by Handicaps/Disabilities

	Full-time Special Classes	Part-time Special Classes	Resource Centers	Other
Multiply handicapped	23	5	5	6
Physically handicapped	21	5	5	5
Visually handicapped	9	17	11	3
Hearing impaired	16	30	7	4
Emotionally disturbed	30	11	13	2
Neurologically impaired/ Learning Disabled	20	22	19	2
Communication handicapped	16	63	14	8
Educable Mentally Retarded	389	69	33	5
Trainable Mentally Retarded	70	7	1	4
Severely-Profoundly Mentally retarded	13	1	1	2

hundred and ten of the responding principals chose to do so.*

They made significant remarks and comments about different aspects of special education needs and programs. The major areas of their concerns are summarized below:

1. The respondent principals recognized the need of providing adequate special education programs in very clear terms. Some of them commended the Indiana Department of Public Instruction on taking such definite and helpful steps as this survey. One of them said, "You people are carrying on a statewide service and many schools still need a lot of help." Quite a few expressed satisfaction with their existing programs of special education in meeting the needs of their students and the progress they have made recently.

2. Most of the respondent principals stressed the need for more adequate state and local funding for special education so that the legislatively mandated programs can be offered. This cannot be over-emphasized in view of the fact that special education programs are more expensive than general education programs. Many schools desperately need facilities and personnel so that their students can receive needed services promptly. They need guidance counselors,

* Their comments and suggestions are reproduced in original form under content categories and placed as Appendix I in Volume II of this report.

particularly at the elementary level, psychometrists, psychologists, psychiatrists, nurses, social workers, other specialists, clinicians and other resource personnel, particularly qualified teachers and aides, to teach and look after the needs of handicapped children and youth. The waiting lists of these needy children and youth are very long. Facilities and personnel are badly needed for the emotionally disturbed and learning disabled students. But additional programs for other handicaps and disabilities are also needed. Transportation facilities are lacking or inadequate for many schools, particularly in rural areas, with the result that needy students remain unattended. A few principals stressed the need to preserve local autonomy while funds are being made available by the state. Some principals liked the idea of more than one school corporation joining together to provide needed services and programs in special education. On the other hand, a few others expressed great dissatisfaction with the way exceptional children and youth are transported to far-off places: they thought the programs needed for these students should be offered in their own schools so that the students might stay and learn in the environment familiar to them. They preferred to have such an arrangement even for part of the school time, and the students could stay in the regular classes for the rest of the time. According to a few principals, "busing" students to far-off places is one reason why parents are

reluctant to consent to their children's placement in special education programs.

3. The respondent principals thought Rule S-1 should be simplified in content and procedures. They felt that the definitions of exceptionalities were too broad and overlapping and the qualifications and requirements for placement too severe. A few of them suggested that labels like "mentally retarded" should be changed to something less offensive. Areas like neurological impairment and emotional disturbance also need to be defined and qualified more precisely.

4. The principals expressed their impatience with difficult, cumbersome and time-consuming procedures involved in referral, diagnosis and identification of exceptionalities. They complained that there were too many forms, paper work and "red tape" and suggested that the procedures prescribed in Rule S-1 should be simplified. Sometimes children dropout of the school by the time the procedures are completed. They also stressed the need to properly inform and orient the teachers and parents about Rule S-1 requirements and procedures and the available special education programs.

5. Many principals expressed strong disagreement with the provisions of Rule S-1 giving parents the final authority to approve or refuse the testing and placement of their children in special

education programs. They thought it to be unfair to the children. They felt that if, in the considered professional judgement of the educators, these children need special help, they should receive it regardless of the parents' opinions. Some of them said the parents of exceptional children are not quite able to make intelligent decisions regarding the education of their children. Others said the social stigma attached to labeling students by their exceptionalities is a big problem and influences the parents' decisions, particularly in rural areas. A few suggested parents should be properly involved and taken into confidence so that they show some understanding for the needs of their exceptional children.

6. Some respondent principals made comments about existing special education practices. A few of them thought there should be special schools instead of special classes so that exceptional children may not get frustrated in peer group relations with normal children. Others suggested that multiple measures of performance and behavior besides I.Q. should be used to test and diagnose exceptionalities more thoroughly. They thought many average and above average students can also benefit from special education facilities. One suggestion was that screening to reveal physical, emotional or learning problems should preferably be done at the pre-primary or primary level, because early placement in the appropriate special education programs

can be distinctly beneficial. Better organization of placement procedures and a greater role for the classroom teacher in the implementation of these procedures was also suggested. One comment was that "children who have mainly behavior problems should not be placed in special education programs just because of their lack of interest in school." Remedial teaching was stressed by one principal. Materials needed for teaching special classes should be adequately supplied. Some principals recommended better communication among administrators, teachers, special education personnel and parents and better coordination and supervision of their roles in order to improve special education programs. They said the child should not be lost in the increasingly complicated administrative procedure and "expertise". Others underscored the need of better pre-service and in-service professional preparation of teachers and aides for special classes and better production and distribution of professional materials for the guidance of these teachers. They thought that the State Department of Public Instruction could organize teams of experts to visit schools for this purpose.

7. According to many principals, there is a definite need to develop programs suited to the "slow learners" with I.Q.'s between 75 and 95--the "twilight zone students"--who do not qualify for special education programs but who do not function normally in the regular

classes for various reasons and fall further and further behind. Some of these children have perceptual problems while others are overactive or hyperkinetic. Placed in the competitive situation of regular classrooms they develop all kinds of behavior problems and are very difficult to handle in a class of 30. They are learning disabled or "educationally handicapped" and have just as much of a right to special help as the exceptional children. The principals felt that a tutorial program, a resource room or an intensive learning center for these students could be very helpful.

8. A few principals favored mainstreaming and underscored its benefits. They said by mainstreaming and integrating the exceptional children with the total student body they will feel less isolated and will achieve better socialization. Special education teachers and specialists should be available to help the regular classroom teachers with problems of their students.

These thoughts and comments demonstrate the concern of principals and others in the field for the exceptional students to have the best possible educational experiences.

ADDENDUM

A Note on the Prevalence of Exceptionalities in Youth

The field of knowledge concerning exceptional children and youth is a relatively new, emerging one. Great strides have been made in recent times towards a better understanding of exceptionalities or handicapping conditions that afflict children and youth. Still we have not quite reached the stage where every individual child or adolescent can be described with accuracy, precision and detail in regard to any and every handicapping condition that he/she might have. Even the definitions of exceptionalities are never stated in as clear terms as they need to be, nor are the definitions presently used in the service system the same across various agencies in the United States. Reliable data on the prevalence of exceptionalities in different geographic regions are not generally gathered in a systematic, standardized manner, with the result that estimates of the number of exceptional children and youth in a particular geographic area vary widely depending on the definitions used, the data believed, and the type of service needed or offered. A gross estimate indicates that of the 83.8 million youth between 0 and 21 years of age in the United States in 1970, about 9.55 million (or 11.396%) were handicapped.*

*James S. Kakalik and others, Services for Handicapped Youth: A Program Overview, Rand Study, R-1220-HEW, May, 1973, pp. 273-274.

Although this estimate is not supported by a complete census of the handicapped population, the figure clearly indicates the serious magnitude of the problem.

Handicapping conditions usually have multiple dimensions. A person may be handicapped in one dimension but not in another. The definition of handicap should therefore depend upon the type of service to be provided and upon the individual's need or functional ability to benefit from that service. Operationally, this means that a set of definitions is needed for each type of handicap, rather than a single definition.

Another problem lies in trying to draw a line between the handicapped and normal populations. If a child with an I.Q. of 75 or below is considered mentally retarded and provided special services, why should another child with an I.Q. of 78 or 80 be deprived from such services which he might be needing as desperately? There is probably a continuum in the degree of severity of every handicap, and it can be measured on different dimensions. Definitions that are not multi-dimensional and are purely binary in nature-- the child is either handicapped or he is not-- are not helpful for measuring a handicapped child's need for service.

Finally, the severity of a handicapping condition depends upon the environment in which the child and later the adult finds himself. The loss of a limb may not handicap an individual for some types of

activities but may seriously handicap him for others.

Table A gives three different estimates of prevalence among children and youth of various exceptionalities: the first two were developed and used in national studies and the third one was used in Indiana for a survey of school age handicapped children in 1970. Based on each of these sets of estimates, the Indiana population of exceptional children has been projected from the total school enrollment figure for school year 1973-1974, which was 1,307,187: 1,207,143 in public schools and 100,044 in non-public schools.*

As shown in Table A, the estimated population of exceptional children and youth in Indiana for any given year (in this case, 1973-74) will vary widely depending upon the estimates of prevalence of exceptionalities in youth that are believed and the definitions of exceptionalities used.

Rossmiller's estimates (column 1) give a total estimated population of 113,594 exceptional children and youth: 104,900 in public schools and 8,694 in non-public schools of Indiana. This population includes the students being served as well as those eligible but not being served. The data of the study reported in this volume approximates this estimate but does not quite equal it: 82,815 students were being served and another 19,061 should have been but were not served

* Department of Public Instruction, Division of Educational Information and Research, Number of Pupils Enrolled in Indiana Public and Non-Public Schools, Reports A & B, Fall, 1973.

TABLE A

Estimates of Prevalence of Exceptionalities in Youth

Handicap	(1)		(2)		(3)	
	Prevalence Estimates In Percent Of Youth Population	Total * Estimated Population In Indiana 1973-74	Prevalence Estimates In Percent Of Youth Population	Total * Estimated Population In Indiana 1973-74	Prevalence Estimates In Percent Of Youth Population	Total * Estimated Population In Indiana 1973-74
Multiply Handicapped	0.07	915	0.06	784	.50	6536
Physically Handicapped	0.21	2745	0.50	6536	.50	6536
Visually Handicapped	0.05	654	0.10	1307	1.0	1307
Hearing Impaired	0.10	1307	0.575	7516	.575	7516
Emotionally Disturbed	2.00	26144	2.00	26144	2.00	26144
Neurologically Impaired	1.12	14640	1.00	13072	1.00	13072
Communication Handicapped	3.60	47059	3.50	45752	5.00	65359
Educable Mentally Retarded	1.30	16993			2.00	26144
Trainable Mentally Retarded	0.24	3137	2.30	30065	.30	3922
Severely Profoundly Mentally Retarded						
TOTAL	8.69	113,594	10.035	131,176	11.975	156,536

* Population of exceptional children and youth in Indiana estimated on the basis of total public and non-public school enrollment of 1,307,187 in 1973-74 and the given set of estimates of the prevalence of exceptionalities.

(See following page for remainder of footnotes.)

(1) R. A. Rossmiller, J. A. Hale, and L. E. Frohreich, Educational Programs for Exceptional Children, Resource Configurations and Costs, National Educational Finance Project, Special Study Number 2, Madison, Wisconsin, 1970, pp. 121-122. These estimates were used in the Rossmiller Study after a review of other prevalence data.

(2) United States Department of Health, Education and Welfare, Handicapped Children in the U.S. and Special Education Personnel Required - 1968-69 (est.). Bureau of Education for the Handicapped, August, 1970. These comprehensive estimates of age 5-19 youth population in 1969 were made after a review of multiple studies of incidence and have received wide usage.

(3) Office of the State Superintendent of Public Instruction, Division of Special Education, Planning Process Manual, Special Education Program Development, Indianapolis, Indiana, 1969, p. 5. These estimates were suggested to the local planning committees in Indiana established to conduct a survey of school-age handicapped children and develop a comprehensive plan for special education programs, under Chapter 396, Acts of 1969, by July 1, 1971. As a result the number of school-age handicapped children in Indiana during the school year 1970-71 was estimated to be 145,045. This estimate was based on Phase I reports that schools submitted on December 1, 1970. It is stated in the related documents of the Division of Special Education that many schools conducted detailed surveys to arrive at the information while others relied upon the prevalence estimates. This figure was therefore a combination of surveys and estimates made by the schools.

in 1973-74 according to the public school principal's reports.

USOE estimates (column 2), however, give a total estimated population of 131,176 exceptional children and youth in Indiana, while the estimates of the Division of Special Education, Indiana Department of Public Instruction, (column 3) give a total estimated population of 156,536 for the same year, both of which are relatively higher figures. It is difficult to support any one set of estimates of the prevalence of exceptionalities against another, and these projections cannot match in sophistication the data systematically collected from the field.

The adoption of Rule S-1 in September, 1973, was a landmark in the history of education of the exceptional children and youth in Indiana. For one thing, it stated relatively precise operational definitions of exceptionalities. The study reported in this volume used these definitions as the reference point when the school principals and special education administrators were asked to report relevant data of students being served and not being served. This eliminated the possibility of using different definitions and turning in divergent estimates. But the data of exceptional children and youth could also be gathered through diagnostic evaluation of a representative sample of children and youth by psychologists, psychometrists, medical personnel and other clinicians whose expertise is relevant to specific

cases. This strategy of data collection, however, was not found to be feasible in the study reported in this volume.

It seems desirable to suggest that as special education programs in the state develop and expand, a mechanism be established to conduct periodic surveys or census of the handicapped population. In the meantime, decision making will remain constrained by the level of sophistication of the available estimates of the handicapped population.